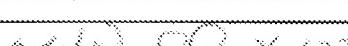


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).		Complete if Known							
FEES TRANSMITTAL For FY 2006		Patent Number	7,154,737 B2						
		Issue Date	December 26, 2006						
		First Named Inventor	Tatsuya MARUGO						
		Examiner Name	E. W. Thomas						
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2831						
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		Attorney Docket No.	0171-1186PUS1						
METHOD OF PAYMENT (check all that apply)									
<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number: 02-2448			Deposit Account Name:	Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
<input type="checkbox"/>	Charge fee(s) indicated below			<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee				
<input type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/>	Credit any overpayments				
FEES CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	_____		
Design	200	100	100	50	130	65	_____		
Plant	300	100	300	150	160	80	_____		
Reissue	300	150	500	250	600	300	_____		
Provisional	200	100	0	0	0	0	_____		
2. EXCESS CLAIM FEES									
Fee Description							Small Entity Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims			
HP = highest number of total claims paid for, if greater than 20.	x	=	_____	Fee (\$)	Fee Paid (\$)				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3.	x	=	_____	Fee (\$)	Fee Paid (\$)				
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional \$0 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Number of each additional \$0 or fraction thereof			Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x			_____	= _____			
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer 130.00									
SUBMITTED BY									
Signature	 36,623			Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-8000		
Name (Print/Type)	Gerald M. Murphy, Jr.			Date	February 2, 2007				